

2017 ANNUAL REPORT



# ASTDD Helps States Unlock the Doors to Oral Health



The Association of State and Territorial Dental Directors



# Association of State & Territorial Dental Directors Strategic Map: 2016–2018

Approved by the ASTDD BOD 05-09-2016

## VISION

*A strong and effective governmental oral health presence in states and territories to assure optimal oral health.*

## MISSION

ASTDD provides leadership to:

- Advocate for a governmental oral health presence in each state and territory,
- increase awareness of oral health as an important and integral part of overall health,
- address health equity,
- promote evidence-based oral health policy and practice, and
- assist in the development of initiatives to prevent and control oral diseases.

Build Workforce/ Capacity of SOHP	Provide Guidance & Resources to SOHP	Increase ASTDD Organizational Effectiveness & Sustainability	Serve as the Collective Voice for S/T DPH
Strengthen SOHP Leadership	Promote & Use Evidence-based Practices	Assure ASTDD Staffing/ Consultant Expertise	Identify, Monitor & Address Current & Emerging Issues with OH Implications
Assess & Respond to Member Needs Related to Program Infrastructure & Workforce	Promote & Provide Tools & TA to Improve SOHP Policies, Plans, Programs, Surveillance Systems & Evaluation Strategies	Promote Diversity of Membership & Partnerships	Build Consensus on Complex Issues
Support SOHP Professional Development, Mentoring & Succession Planning	Connect Members to External & Internal Resources	Create & Implement a Financial Sustainability Plan Using Diversified Funding	Represent the Voice of Members with Governmental & Cross-sector Partners
Enhance Peer Connections	Promote & Support SOHP Intra- & Extra-agency Collaborations	Promote ASTDD Leadership Development	Serve as a Thought Leader on S/T Dental Public Health Practice, Policy, Research and Analytics
Build Support Among National & State Policy Makers, Funders & the Public for SOHP	Coordinate Data & Expertise Across Sectors to Inform Planning & Decisions	Expand and Strengthen Member Engagement	
Co-sponsor NOHC		Maintain an Informed Board to Provide Governance, Strategic Planning and Support	
		Strengthen Strategic Communication via Multiple Channels	
		Establish & Support a Committee Structure to Address Key Issues	
Cultivate continuous quality improvement			
Promote oral health across the lifespan			
Expand and strengthen strategic partnerships			
Foster oral health literacy at the individual, provider, community and health systems levels			



## Foreword

This has been a very busy year for the Association of State and Territorial Dental Directors (ASTDD) and I think we have surpassed many of our goals. State and national partnerships are always key to our successes to help unlock the doors to good oral health, our theme for this year's annual report. Although we share our accomplishments throughout the year via our weekly digest, seasonal newsletters, social media posts, listservs and website, our annual report allows us to reflect on how we started the year and how our activities inform our future efforts. We hope you enjoy our story.

Jason M Rousch, DDS, President

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## Remembering Dr. Gregory Bruce McClure, 1949-2017

I have been given the distinct privilege to write a remembrance for our departed colleague and ASTDD President, Dr. Gregory McClure, who passed away on November 27, 2017, after a short illness. Greg was only 68. Although I do this with great sadness, I will do my best to honor my good friend. So I thought I would extrapolate salient information about his life from his obituary and sprinkle in some personal thoughts.

As you will see with his numerous educational degrees and work experiences, Dr. Greg McClure had a remarkable career. He was born on May 12, 1949 in DuBois, Pennsylvania approximately 100 miles from Pittsburgh. Upon graduating from DuBois Central Catholic in 1967, Greg attended the University of Pittsburgh where he graduated with degrees in microbiology and biophysics in 1971. He later worked for the Pennsylvania Department of Environmental Resources but eventually became interested in dentistry and received his DMD degree from the Temple University School of Dentistry in 1987.

Greg, who always professed to me his love of clinical dentistry and maintained this interest throughout his dental public health career, practiced dentistry for approximately 12 years in general practices in Downingtown, PA and the Binghamton, NY area. However, he continued to explore ways to expand his scope of the world and nourish his great curiosity in life. So, after obtaining MHA and MPH degrees from the Cornell University Sloan Program and the State University of New York at Albany, respectively, including a Dental Public Health Research Fellowship at the New York State Department of Health under Dr. Jay Kumar, he began in 1999 what would become his life's work as the Delaware State Dental Director. In time, despite a limited budget and the typical bureaucratic barriers that a state health department presents, through perseverance and the receipt of numerous grants, he took a strictly clinical entity and built it into a true dental public health program.

As my colleague from a neighboring state, it was at this time that I had the very good fortune of meeting and eventually befriending Greg. It was a natural and easy friendship heightened by a mutual respect that lasted until his death. We didn't personally socialize much since we lived well over a hundred miles apart but we would occasionally get together locally for lunch and always would share a beer or three during the many professional meetings we attended over nearly 20 years. I found Greg to be a kind and humble soul, one of the nicest people I had ever met, and someone who never took himself very seriously although he was ridiculously smart. In fact, he never talked about himself other than about his family, University of Pittsburgh and the Steelers (ok, we didn't agree on everything), good beer, and just the dental public health world in general. The only times he would get a bit animated in discussion would be in his review of the latest dental literature which he would quote as if it was scripture or a promising preventive strategy that he believed was underutilized (our last discussion I recall was on silver diamine fluoride). But even in these instances, Greg was always polite and considerate; he would never throw around his knowledge and he would never get personal; you just knew to listen, and respect and take seriously his view. He did the same as a contributing member of our ASTDD Dental Public Health Resources Committee.

When I was thinking of retiring, my primary goal was to maintain the momentum we had built in reshaping the Maryland Office of Oral Health into an effective state oral health program. And while there was to be a competitive recruitment for my position, I was so pleased when Greg indicated to me that he was interested. But not for the obvious reasons. Yes, he was relatively local so he was aware of the issues and players; yes, he was expert in his knowledge of science-based evidence; yes,



he had the appropriate educational pedigree (and then some); and yes, he had 17 years of experience as a fellow state dental director. However, what stood Greg apart from so many was his true and sincere passion to help those less fortunate in their attainment of good oral health. Believe me, it was real, and with all his life's experiences, it was the state dental director position, more than any other, that enabled Greg to best pair his brain with his heart.

Greg told me after being selected in 2016 that getting the Maryland position was the culmination of his life's work and he was so very excited about being there. It also was a seminal point in his career since at the same time, he began his tenure as President of ASTDD. It is so unfortunate that his tenure in both positions was cut so short and quickly but being the humble guy he was, I know how appreciative and proud he was to get to this point in his life.

But what best defined Greg and truly gave him a full and blessed life was his family. Greg absolutely adored his family and would frequently, and with obvious pride, tell me about everyone. He was married for 46 years to the love of his life, Mary Pontzer McClure, who I met during the unfortunate circumstances surrounding Greg's illness and death. I certainly didn't know Mary well but in those brief moments I spent with her, I found her personal strength and devotion to and love for Greg as an overwhelming force that I'm sure he felt even in decline. Greg also is survived by three accomplished children – Gregory, Robert, and Erin – along with four grandchildren, his brother, and many nieces and nephews.

And consistent with Greg's commitment to family and community, he established a scholarship – The McClure Family Scholarship - at his high school in honor of his dad who never had the chance to go to college himself but understood the importance of education. The scholarship assists high school students who demonstrate financial need. Memorial contributions to this scholarship can be made in Greg's name to: The McClure Family Scholarship of DuBois Central Catholic, Department of Advancement, P.O. Box 567, DuBois, PA 15801.

Finally, I will never forget the moment when, with tears in his eyes, Greg presented me with an ASTDD award in 2016. His emotion totally took me by surprise and not being the quickest on my feet I probably didn't acknowledge it with the personal honor that it deserved. But sometimes life gives you second chances. So it is now my personal honor (and with great emotion) to announce that the ASTDD President's Award will be forever renamed the Greg McClure Memorial President's Award.

So Greg, your life counted. You had the respect of your colleagues, the love of your family, and you made a significant contribution to the oral health of the nation. It doesn't get much better than that. Buddy, you will be missed but never forgotten.

*Harry Goodman, DMD, MPH, ASTDD Past President*





## Introduction to Our Theme

This year the Frameworks Institute published an elegant and much needed report supported by a grant from the DentaQuest Foundation, *Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform*. The report combines theory and methods from several social science disciplines to help us understand the need for and create recommendations for “effective ways to elevate and explain oral health as a matter of public concern.” Oral diseases and conditions still constitute a major public health problem in the U.S. despite advances in prevention and access to care. State oral health programs continue to play a major role in combatting the problem.



*One metaphor that especially resonated is*

*“To get good oral health, everyone goes through a series of doors — but for some people, they are locked. We should make sure everyone has keys.” In this 2017 Annual Report we hope to show how ASTDD and State Oral Health Programs work collaboratively with other partners to provide keys to unlock some doors to oral health.*

## Who Is In Our Community?

ASTDD’s tagline on our logo is “Where Oral Health Lives,” emphasizing that we are a community and also a family. One of the Frameworks Institute’s recommendations for reframing messages is the idea that oral health involves a team of professionals that work across the community. From a small group of dentists who served as dental directors in each state in 1948, ASTDD, at the end of 2017, had a total membership of 354 professionals from diverse settings. In addition, 13 of the state dental directors/managers are dental hygienists. ASTDD has broadened its scope to offer Individual or Organizational Associate Membership to any public agency, voluntary organization, tribal entity and/or health professionals employed or interested in dental public health. Just this past year we increased our associate membership by 93 people including one organizational member; 8 states have more than 10 associate members and 11 states have between five and 10. Thirty-seven non-members also serve on ASTDD committees to assure we have linkages to important partners and the expertise to make evidence-based decisions and provide high quality services.



As our mission states, ASTDD provides leadership to:

- advocate for a governmental oral health presence in each state and territory,
- increase awareness of oral health as an important and integral part of overall health,
- address health equity,
- promote evidence-based oral health policy and practice, and
- assist in the development of initiatives to prevent and control oral diseases.

To do this, ASTDD formulates and promotes the establishment of national dental public health policy, assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals’ knowledge and skills by developing position papers and policy statements; provides information on oral health to health officials and policy makers; and conducts conferences for the dental public health community.



*ASTDD spends very little on administrative expenses as our executive director, Christine Wood, is the only employee...ASTDD maintains a virtual office.*

## Leadership and Staffing



ASTDD has used a unique business model for more than 15 years. Executive Director Chris Wood is the only employee of our 501 (c) (6) nonprofit organization, with a ‘virtual office’ operating from her house in Nevada. Cheryl Thomas serves as our Business Manager extraordinaire from her home in Missouri. Most projects and activities are coordinated and performed by consultants, committees and contractors from across the country, with oversight by the Board of Directors (BOD). Although the distances and different time zones pose challenges, this arrangement increases productivity and creates flexibility to respond to new opportunities. In other words, we use a lot of keys to be able to quickly unlock doors!

### Board of Directors

The BOD includes eight state dental directors and one associate member; the 2017 BOD included the following individuals and involved leadership changes at the annual meeting in April and a few other unexpected changes.

President from April until December when he passed away: Gregory McClure, DMD, MPH, MHA (MD)

President-Elect from April to November and then President in December: Jason M. Roush, DDS (WV)

Immediate Past-President: Kimberlie Yineman, RDH, BA (ND)

Secretary: Christine M. Farrell, RDH, BSDH, MPA (MI)

Treasurer until April: Carrie L. Farquhar, RDH, BS (OH);

Treasurer after April: Robin N. Miller, RDH, MPH (VT)

Director: Pierre Cartier, DMD, MPH elected and served one month before he left state service;

Lindy Bollen Jr, DDS (AR) was then appointed to serve

Director: Julia Wacloff, RDH, MS (AZ)

Director: Cathleen Taylor-Osborne, DDS, MA (KS)

Associate Member Director: John Welby, MS

Ex Officio members include: Christine Wood, RDH, BS, Executive Director; M. Dean Perkins, DDS, MPH, Executive Director Emeritus and Webmaster; Beverly Isman, RDH, MPH, ELS, Cooperative Agreement Manager; and Lynn Bethel Short, RDH, BSDH, MPH, Newsletter Editor and Social Media Coordinator.





Each year at the National Oral Health Conference our BOD and the Board of the American Association of Public Health Dentistry have a joint luncheon meeting.

**Consultants for 2017**

Consultants work from their home offices, pay for all their office-related expenses and do not receive health or other benefits from ASTDD. Their home location is indicated, but many of them travel extensively, so they may be working from anywhere in the world! Most are active in other organizations, coalitions or task forces, which substantially increases their networking opportunities and promotion of ASTDD resources.

- Jay Balzer, DMD, MPH, CSHCN Coordinator (CO)
- Carissa Beatty, MPH, CHES, Evaluation Consultant (CA)
- Lori Kepler Cofano, RDH, BSDH, Best Practices, Healthy Aging and Peer Support Coordinator (TX)
- Mary V. Davis, DrPH, MSPH, Evaluation Consultant (NC)
- Judith A. Feinstein, MSPH, Dental Public Health Resources Coordinator (ME)
- Kathy Geurink, RDH, MA, School and Adolescent Oral Health Coordinator (TX)
- Harry S. Goodman, DMD, MPH, MCH Consultant (MD)
- LeeAnn Hoaglin-Cooper, RDH, BS, Fluorides Coordinator (WA)
- Beverly Isman, RDH, MPH, ELS, Cooperative Agreement Manager, Communications and State Development and Enhancement Coordinator (CA)
- Michelle Landrum, RDH, MEd, NCECHW Lead, Early Childhood Oral Health Coordinator (TX)
- Reginald Louie, DDS, MPH, Perinatal Oral Health Coordinator (CA)
- Michael C. Manz, DDS, MPH, DrPH, Data Consultant (MI)
- Barbara Park, RDH, MPH, Chronic Disease Coordinator (TN)
- M. Dean Perkins, DDS, MPH, Executive Director Emeritus, Webmaster (TX)
- Kathy Phipps, DrPH, Data & OH Surveillance Coordinator (CA)
- Sandy Tesch, RDH, MSHP, Dental Sealant Coordinator (TX)
- Christine Veschusio, RDH, DrPH, Associate Member Coordinator and Oral Cancer/Tobacco Issues Coordinator (SC)



**Committee Chairs**

All committee chairs volunteer their time and work closely with the consultants who staff their committees. Some also serve on the BOD.

- Best Practices Committee: Gregory McClure, DMD, MPH (MD) until December, then Steven P. Geiermann, DDS (IL)
- Communications Committee: Kimberlie J. Yineman, RDH, BA (ND)
- Data and Oral Health Surveillance Committee: Beth Anderson, MPH (MI)
- Dental Public Health Resources Committee: Harry S. Goodman, DMD, MPH (MD)
- Early Childhood Oral Health Committee: Christine M. Farrell, RDH, BSDH, MPA (MI)
- Fluorides Committee: Jason M. Roush, DDS (WV)
- Healthy Aging Committee: Diane Brunson, RDH, MPH (CO) until December due to retirement, then Samuel R. Zwetchkenbaum, DDS, MPH (RI)
- Perinatal Oral Health Committee: Mark E. Moss, DDS, PhD (NC)
- School and Adolescent Oral Health Committee: Rudy F. Blea, BA (NM)
- State Development and Enhancement Committee: Cathleen Taylor-Osborne, DDS, MA (KS)

**Contractors**

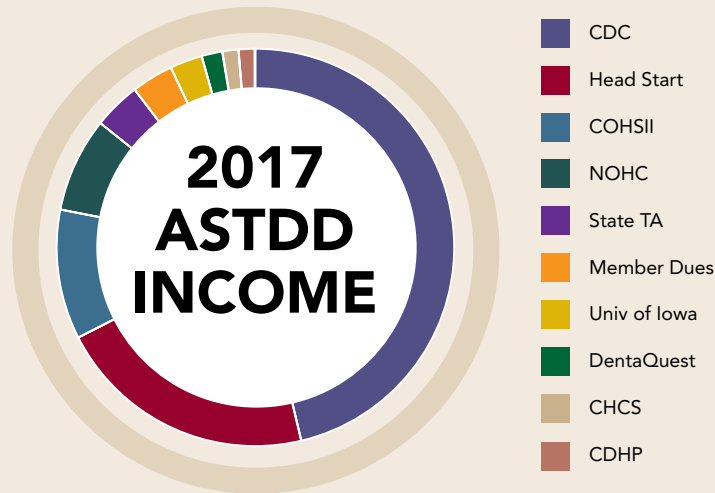
- Bradley Cummins, Sixth Street Website Design & E-marketing, LLC for website and listserv hosting and management (NC)
- Bill Zillmer, Anunci Creative Group, LLC for annual report design and production (WI)
- ACI (Association Central, Inc), NOHC Planning and Staffing (IL)





### Responsible Management for Sustainability

Frameworks notes that “We need to use our nation’s resources efficiently and effectively,” especially when supporting prevention efforts. As shown in the Figure, ASTDD has continued to diversify income streams, ranging from \$350,000 from the Centers for Disease Control and Prevention; about \$230,000 in contracts from Georgetown University for supporting Head Start, child care and MCH oral health activities; and the rest is highly variable each year, constituting less than one-fourth of the budget. As you’ll see in this report, many of our activities promote evidence-based oral health and general health promotion and prevention efforts nationally, statewide and in communities. 2018 will present challenges as we re-compete for CDC funding, but we also look forward to partnering to initiate new projects. We are mindful of the national role we play in advocating for oral health infrastructure and programs, but only non-federal unrestricted funds are used to support those efforts, and we do not employ a lobbyist. We did sign onto 22 letters of support or advocacy this year as communities experienced fluoridation challenges and key programs that provide access to health care and oral health care, such as the Children’s Health Insurance Program (CHIP), were threatened by budget cuts or elimination. We also signed onto letters advocating for oral health coverage under Medicare and promoting the importance of public health funding.



*Compared with many public health nonprofits, we have relatively little income, yet by working closely with many partners, we generate an incredible array of resources that have broad impact across the nation.*

### Rewarding Exemplary Accomplishments: ASTDD 2017 Awards

Each year we give extra kudos to individuals or groups who have shown a lasting commitment to ASTDD activities or support to state oral health programs or dental public health science. The 2017 awards presented at the NOHC included:

**Outstanding Achievement Award** Presented to a past or present member for significant contributions to ASTDD and dental public health. Bob D. Russell, DDS, MPH

**Distinguished Service Award** Presented to an individual or organization for excellent and distinguished service to dental public health. Bradley Whistler, DMD

**President’s Award** Presented at the discretion of the President to individuals or organizations who have contributed to the advancement of state dental programs and dental public health. Norman Tinanoff, DDS, MS

**Fluoridation Merit Award** For outstanding contributions toward the progress of fluoridation. William D Bailey, DDS, MPH, Scott M. Presson, DDS, MPH, and the Santa Clara Valley Water District in California

The ASTDD Fluorides Committee, in collaboration with the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA), present the Fluoridation Merit Awards and numerous other Fluoridation Awards to communities and water districts every year that promote equitable access to one of the best public health measures to prevent dental decay. In 2017 the number of awards given in each category for 2016 performance included:



50 Years of Fluoridation (105)

**CDC Quality**—the ability of fluoridating systems to conduct monitoring and maintain optimal fluoride levels (1,189)

**Reaffirmation of Fluoridation**—communities that defeated initiatives to discontinue community water fluoridation during the past calendar year (or approved an initiative to maintain community water fluoridation) (19)

**State initiative**—the state that had the greatest increase in population on fluoridation in the past calendar year (1—Arkansas)

**State Quality**—states that maintain the quality of fluoridation as determined by the ability of fluoridating systems to conduct monitoring and maintain optimal fluoride levels in over 90% of the adjusted water systems (6)

**Community Initiative**—communities that passed water fluoridation initiatives during the past calendar year (7)

**Healthy People 2020**—states that achieve the Health People objectives for the first time during the calendar year (1—Arkansas).



*As usual, LeeAnn Hoaglin-Cooper outdid herself in creating a beautiful water-themed presentation for the fluoridation awards—animals in water. Previous themes have included water towers, waterfalls, water fountains, snowflakes, rivers, water drops, frost and icebergs.*



### Communication Strategies

The entire focus of the Frameworks Institute oral health documents is communication for better understanding and creating messages that resonate with different groups. Although state oral health programs are our primary audience for messaging, we achieve a broader national reach and sometimes an international influence. Two audiences that present unique communication challenges are our members in the six U.S. affiliated Pacific Islands that experience limited internet access and significant time zone differences, and our members in Puerto Rico and the U.S. Virgin Islands who are especially impacted by budgetary and infrastructure limitations, particularly after a devastating hurricane season. We hope to improve those communication pathways as well as reaching more local programs in the upcoming year.



**Our most informative and timely communication strategy is our Weekly Digest of news and links to resources that is distributed to all 350+ members and about 60 national partners.**

This allows us to highlight our own resources, and also to share funding or training opportunities, new research, new documents, upcoming meetings and webinars, and other activities sponsored by other organizations. All issues are now searchable by topic and issue and are archived in the Members Only section of the website. The archiving function proves valuable when trying to locate resources on a particular topic to develop resource lists, find new models or cite documents in grants or papers.

Lynn Bethel Short serves as the ASTDD social media coordinator and posts about 2-5 Twitter posts per month, with 411 people and pages following us on Facebook with an average of 20 posts per month. She regularly promotes participation in Social Media Storms and hosted a Twitter Chat with other national organizations in February 2017. Our National Oral Health Conference social media activity was coordinated with AAPHD. We find it difficult to achieve a robust social media presence as multiple surveys of state oral health programs show that health department protocols often prohibit or limit their use of social media; they sometimes work with partners such as oral health coalitions to share information and acquire feedback from community groups.



**ASTDD Social Media Library of useful messages can be downloaded from the Health Communications webpage on our website.**

Our website (www.astdd.org) is our most visible communication tool, with 89,770 page views, 35,772 sessions (59.93% were new sessions) and 21,929 users in 2017.

Content is posted on 140 pages that are regularly updated with new resources. In early 2018 look for a new tutorial on “tips for productively navigating the website.” Throughout 2017 we instituted numerous enhancements to the website including moving it to a new cloud-based server. To determine website traffic trends, we monitor about 160 webpages or individual documents for visits. These data are used to market underused resources and document the most frequently accessed information.

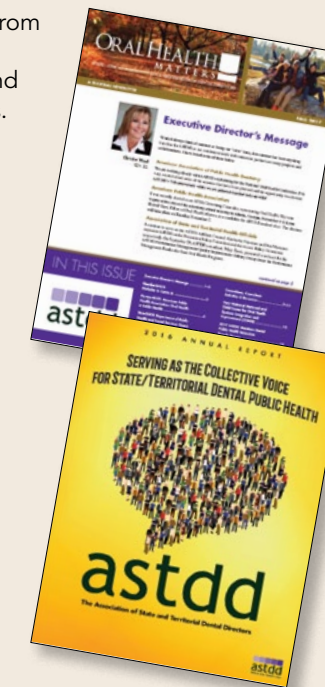


In 2017 we published three issues of our newsletter, *Oral Health Matters*, that includes messages from the president and executive director; summaries of consultant and committee activities, meetings attended and surveys; stories featuring a state oral health program (this year we featured Guam and Saipan as well), a state member, an associate member, and a national partner; and other resources. Lynn Bethel and our editorial workgroup seek submissions and compile the articles for each issue, and Henry Schein uses their production talent to format it.

Our 2016 ASTDD Annual Report demonstrated the unique graphic talents of Bill Zillmer who created a cover that really “punched” the message, “Serving as the Collective Voice for State/Territorial Dental Public Health” and drew people to our NOHC exhibit table. Each year at the NOHC our members volunteer to staff the exhibit table to discuss ASTDD resources and to network with conference attendees. New members find this is a wonderful way to meet people they only know through email or as voices on conference calls or webinars. Our Hawaii members even contributed macadamia nuts as freebies at the table!

To solicit information about the communication needs of our audiences, how they are using our resources and how we can enhance our services, we conducted three surveys. Two surveys queried state oral health program directors about their general communication strategies and needs and then about their social media use and limitations. The third survey reached out to oral health coalitions about their use of social media for oral health messaging and the extent of their collaboration with state oral health programs. The Communications Committee and Social Media Workgroup are using the results to make our communications more strategic and useful.

For the past few years we have been encouraging members to engage in more planning and evaluation of their communication efforts. We developed two Communication Plan Templates, one for a specific goal or project, and another to track multiple efforts throughout the year. The templates are highlighted during roundtables at the NOHC, in webinars, and in newsletters and the weekly digest. Some completed examples are posted on the Health Communications webpage. We have also provided technical assistance to states on using the templates.



As communication technology advances, we are trying to keep up in the most economical manner given our limited budget and also to meet the needs of members who continue to experience communication challenges in their programs. We already are using and participating in more interactive methods for meetings and webinars.



**Many states are now starting to put more emphasis on thinking more intentionally about their target audiences for messaging and their key messages. The ASTDD Communication Plan Templates can serve as useful tools to accompany the many materials that the Frameworks Institute and others have published.**

# New Resource Documents and Tools

**“ASTDD is the most productive national organization for creating dental public health resources for state oral health programs and other stakeholders. This is due to the tireless work of our consultants, volunteer committee members and dental public health residents or masters level students who help with the research and writing.”**

### Best Practices Resources

The Best Practices Committee (BPC), with Lori Cofano as coordinator, outdid itself this year working with other committees to post four new Best Practice Approach Reports (BPAP). These are extensive documents that have state/community practice submissions associated with them. A primary writer works with an ad-hoc workgroup and, in the case of a resident or student, their faculty supervisor. The BPC calls for submissions to support the models highlighted in the report and reviews them according to specific criteria. Technical assistance is offered, including consultant and committee guidance on development of the submissions and use of Dropbox to review materials. People submitting ones that meet the criteria are then asked to expand them into longer descriptive reports that are linked to the report. Shorter submissions may still be posted in the State Activity Submissions portion of the Best Practice website. BPAP posted this year include:

- Oral Health in the Older Adult Population (Age 65 and older) (March 2017)
- Improving Childrens Oral Health through the Whole School, Whole Community, Whole Child (WSCC) Model (March 2017)
- State-based Oral Health Surveillance System (July 2017)
- School-based Dental Sealant Programs (November 2017)

The Committee also solicits ongoing updates to submissions that are more than five years old. The BPC conducted webinars this year listed in another section of the report. Members collaborated with the Dental Public Health Resources Committee (DPHRC) for an NOHC roundtable featuring Cook Children’s Hospital Save a Smile Program sharing how they used ASTDD best practices to improve their program. A new BPAP Toolkit includes a BPAP template, ASTDD document development guidance (from the DPHRC), Best Practice Development Protocol, sample project letter for the primary writer and a sample Scope of Work, and ASTDD Communication Plan. The Toolkit was shared with the DPHRC as a template for those working on white papers.

To gain feedback from the DPH residents who have been involved with writing our documents for the past few years, Carissa Beatty, evaluation consultant, interviewed seven DPH residents, and Bev Isman, consultant, interviewed four supervising faculty. Based on the interview summary reports with recommendations, the BPC initiated several changes in processes, protocols and acknowledgments to improve the quality of the experience and the quality of the documents.

### Dental Public Health White Papers

Similar to the BPC, the Dental Public Health Resources Committee works collaboratively with other committees to develop, promote and support resource and policy-related documents to assist state oral health programs to improve oral health. These documents describe the issues and evidence base, and contain statements that may include recommendations, strategies, and/or information to assist decision makers (such as healthcare providers, federal, state or private agencies, employers, public health officials), or the public, in choosing between alternative courses of action in specific situations. Two white papers were posted this year with others under development:

- Human Papilloma Virus (HPV) and Oropharyngeal Cancer (July 2017)
- School Dental Sealant Programs White Paper (November 2017).

As mentioned in the BPC section, the DPHRC completed ASTDD Guidance for Drafting Dental Public Health Resource Documents for use by ASTDD committees and individuals drafting ASTDD documents, such as DPH residents. The document addresses guidelines and criteria for assessing references and evidence and standards for writing drafts for review.

The DPHRC conducted an annual Policy Priority Survey of the ASTDD membership via Survey Monkey following the ASTDD Annual Meeting in April. Using Survey Monkey effectively doubled the number of responses compared to previous years when WORD document surveys via email were used. Judy Feinstein, the committee consultant, analyzed and summarized the data that were then shared with the Board, other ASTDD Committees, and the membership via ASTDD’s newsletter.

### Fluorides Committee Resources

- Fluoride Varnish Program Report and Fluoride Varnish Program Catalog (October 2017)
- Silver Diamine Fluoride Fact Sheet (July 2017).

### State Development and Enhancement Committee Resources

Last year the State Development and Enhancement Committee (SDEC) developed a Dental Public Health 101 Learning Module and Syllabus for oral health professionals who don’t have a dental public health background. This year we focused on providing general information on oral health for health department staff who do not have an oral health background or degree. Kathy Weno, Chris Wood and Bev Isman created three modules that include PowerPoint slides, a recorded presentation of the slides, resources for further study and learning activities. The modules include:

#### Oral Health 101 (December 2017)

- Module 1 – Oral Health Terminology, Common Oral Diseases/ Conditions, and Treatments (PowerPoint slides with notes)
- Module 1 – Oral Health Terminology, Common Oral Diseases/ Conditions, and Treatments (URL for webcast recording / 26 minutes and 20 seconds)
- Module 2 - The Interface of Oral Health and General Health: Preventive Interventions and Interprofessional Collaboration (PowerPoint slide with notes)
- Module 2 - The Interface of Oral Health and General Health: Preventive Interventions and Interprofessional Collaboration (URL for webcast recording / 21minutes and 23 seconds)
- Module 3 - The OH Workforce, Work/Dental Care Settings and Dental Financing (PowerPoint slides with notes)
- Module 3 - The OH Workforce, Work/Dental Care Settings and Dental Financing (URL for webcast recording / 28 minutes and 26 seconds).

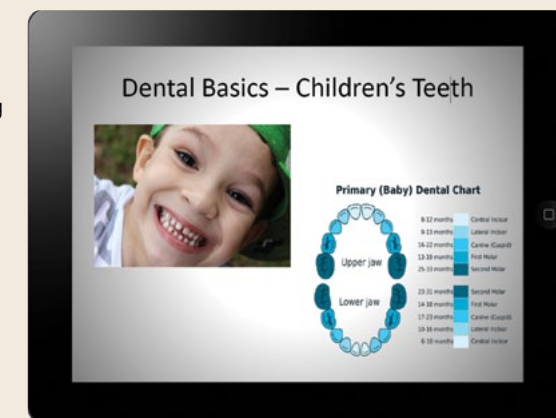
Also last year, two dental public health residents created State Oral Health Programs: Make Them Part of your PH Experience or Career handout; this year we distributed and promoted it at the American Dental Education Association conference and at the NOHC ASTDD exhibit table and the DPH residency director meeting, as well as in the *Weekly Digest* and *Oral Health Matters*.

### Data Committee Reports and Resources

The committee oversees all activities of ASTDD regarding the National Oral Health Surveillance System, BRFS, YRBS, PRAMS, the Synopses of State Dental Public Health Programs, and BSS training and technical assistance.

- State Synopses 2017 (in Members Only section or by request)
- State Synopses Summary Report 2017
- The New and Improved Children’s Basic Screening Survey (BSS) (July 2017)
- States with BSS Oral Health Data (Sept 2017)
- State Surveillance Data Resource Guide (update June 2017)
- Making Oral Health Count: Toward a Comprehensive Oral Health Measurement System: The DentaQuest Foundation funded ASTDD and the Children’s Dental Health Project (CDHP) to systematically gather input from oral health advocates, provider groups, and federal agency officials responsible for oral health data to develop this issue brief that outlines some of the strategies needed to achieve a comprehensive Oral Health Measurement System. (December 2017)

The Committee also updated the annual Synopses questionnaire for distribution in January 2018, completed the 2016 oral health program salary survey report, and the oral health surveillance BPAP already noted.





**Emergency Department Project**

Since 2014 ASTDD has received funding from the DentaQuest Foundation for a literature review, a Best Practice Approach Report and development of guidelines for collecting and analyzing ED data for non-traumatic dental conditions. Mike Manz, ASTDD data and needs assessment consultant, served as the lead on the project. Phase 2 of the project was to utilize information obtained in the first phase to develop recommendations and protocols for conducting ED oral condition related surveillance. The primary audience for Phase 2 is state oral health programs interested in state level surveillance of non-traumatic dental conditions (NTDCs), although the developed protocols could be implemented by other researchers for other populations.

Phase 2 outcomes included the development of an ICD-9 / ICD-10 crosswalk file listing all corresponding ICD-9 and ICD-10 codes and included any differences in code definitions. This crosswalk file aids in trend analysis across the 2014-2015 transition from the ICD-9 to ICD-10 system of codes. With the help of an expert advisory group, sets of ICD-9 and ICD-10 codes were developed for different recommended indicators to identify: ED visits for any oral condition; ED visits limited to NTDCs; and ED visits under a more limited definition of the most common caries and periodontal conditions that would routinely be addressed in general dental care offices and clinics. Sample SAS statistical code was developed to be implemented with State Emergency Department Databases (SEDD) system data. The development included testing on acquired SEDD datasets with ICD-9 and ICD-10 diagnosis codes. Though the code was specifically developed for SEDD data, it can potentially be used more generically for non-SEDD state level ED data or other ED data, and could be translated for use with other statistical software. Products developed in Phase 2 of the project and made available to state oral health programs and others include: a full report of the developed recommended ED surveillance indicators and protocols; an abbreviated guidance document with indicator definitions and protocols; the ICD-9 / ICD-10 crosswalk Excel file; and an updated reference document with ED oral condition related publications and reports found since completion of Phase 1 through an ongoing systematic search. The conduct and outcomes of this project will be presented at the 2018 American Association of Dental Research annual meeting in Ft. Lauderdale, Florida.

- Recommended Guidelines for Surveillance of Non-Traumatic Dental Care in Emergency Departments (July 2017)
- Guidance on Assessing Emergency Department Data for Non-Traumatic Dental Conditions -- abbreviated version of the previous document (July 2017)
- National Surveillance Data of Non-Traumatic Dental Care in Emergency Departments Available Upon Request - These national estimates can be obtained from Mike Manz (mmanz@umich.edu)
- Methods in Assessing Non-Traumatic Dental Care in Emergency Departments Publications Update (December 2017)

**Healthy Aging**

Older Adult BSS Tips for Success (January 2017)

**Performance Management**

Mary Davis, an ASTDD evaluation consultant, led a Performance Management workgroup to provide resources to state oral health programs this year. In addition to a webinar listed in another section, they created and disseminated the ASTDD Performance Management Toolkit for State Oral Health Programs (Aug 2017).

**ASTDD Newsletter and Annual Report**

- ASTDD 2016 Annual Report
- Oral Health Matters Newsletter Winter 2017 Spring 2017 Fall 2017



# Strategic Targeting of Activities, Resources and Messaging by Lifecycle



*ASTDD encourages a lifespan approach to state oral health programming if feasible, either by direct messaging about population groups or through collaboration with other state health programs such as Chronic Disease, Maternal and Child Health, Rural Health or Primary Care.*

Committees and consultants have been especially productive this year. Committees intentionally strive for a mix of members and individuals who represent key organizations or provide subject matter expertise. Thirty-seven non-members served on ASTDD committees in 2017, assuring we have linkages to important partners and the expertise to make evidence-based decisions and provide high quality services.

**Perinatal and Early Childhood**

ASTDD’s Perinatal Oral Health Committee (POHC) and the Early Childhood Oral Health Committee (EC) and their ad-hoc workgroups are a broadly representative group of ASTDD members and non-member key informants. This was a banner year for collaborating with other organizations to address this important age group.

ASTDD has been working with the Children’s Dental Health Project since 2014 in a HRSA-funded Perinatal and Infant Oral Health Quality Improvement Project (PIOHQI). Reg Louie and many other Perinatal Oral Health Committee Members served on several project teams for the National Collaborative Learning Network. By 2017 there were 16 state grantees participating in the project; a face to face meeting was held in April. Early in 2017 HRSA issued a new Funding Opportunity Announcement (FOA) that combined the PIOHQI project with a few other MCHB funded projects. ASTDD was honored to be asked to partner with the National Maternal and Child Oral Health Resource Center (OHRC) in a grant application in response to the FOA. COHSII offers a range of technical assistance (TA) activities to help projects work toward achieving their program objectives. These activities include web-based learning events, in-person learning sessions, and project-specific team calls.



*The OHRC was subsequently chosen to lead a Center for Oral Health Systems Integration and Improvement (COHSII) in partnership with ASTDD, the Dental Quality Alliance, the Association of Maternal and Child Health Programs (AMCHP) and the FrameShift Group starting on July 1, 2017 for four years.*



The ASTDD Goal 1 team (Christine Wood, Harry Goodman, Kathy Geurink, and Reg Louie) participated in weekly calls for the team, a meeting on October 16–18, 2017 in Linthicum Heights, MD, the monthly learning events, and provided TA including reviewing draft abstracts for NOHC consideration. Topics of learning events have included:

- Demonstrating results of efforts focusing on increasing access to care and utilization rates;
- Accessing and collecting data to show the impact of project efforts and the importance of reporting data in projects' non-competing continuation applications and mid-year progress reports to MCHB;
- Convening focus groups with pregnant women and health professionals;
- Developing a family home visiting presentation;
- Improving relationships with partners and stakeholders;
- Sharing experiences related to adapting risk assessments to better meet the needs of health professionals and the populations they serve and using risk assessment as a tool to encourage pregnant women and parents of infants to schedule dental visits.

Kathy Phipps, ASTDD data consultant, is serving on the COHSII Quality Indicators Advisory Team to develop a set of maternal and child health quality indicators to monitor oral health services delivered in public health programs and systems of care at the national, state, and local levels. Reg Louie coordinated review of the draft Tips for Good Oral Health During Pregnancy in Samoan by community health center staff in Hawaii. The handout is available in English as well as Arabic, Chinese, Chuukese, Korean, Portuguese, Russian, Samoan, Spanish, and Vietnamese.



***In another collaboration with the OHRC, ASTDD provided technical support in 2017 to focus on states/jurisdictions selecting the MCHB National Performance Measure #13 when they submitted their Title V MCH Block Grant applications. Twenty-five states and six jurisdictions selected NPM#13.***

NPM#13 has two parts: a) the percent of women who had a dental visit during pregnancy, and b) the percent of children ages one through 17 who had a preventive dental visit in the last year. Specific activities under this subgrant included:

- Review and compilation of action plans, etc., from 31 states/jurisdictions selecting NPM13;
- Completion of report from the AMCHP NPM learning lab, dissemination/promotion of information via electronic distribution and webinar;
- Establishment of a Community of Learning (COL) and planning/holding COL webinars;
- Roundtable presentation at ASTDD Business Meeting in April on NPM13, e.g., common state themes/strategies, proposed community of learning/listserv;
- POHC members delivered formal presentations at the NOHC entitled Perinatal Oral Health and Title V National Performance Measure 13: a Closer Look at the Rationale, Adoption, and Strategies from both National and State Perspectives.
- Title V MCH Services Block Grant Oral Health Toolkit;
- Direct TA in May to Title V MCH and dental directors from the six Pacific jurisdictions and the US Virgin Islands.



***The EC is the primary ASTDD committee charged with supporting the National Center on Early Childhood Health and Wellness-Oral Health Project (NCECHW-OHP), which includes the Dental Hygiene Liaison (DHL) Project.***

Target populations for the Early Childhood Committee include children and pregnant women enrolled in Early Head Start (EHS), Head Start (HS), home visiting (HV), and child care (CC) programs; and children with special health care needs (CYSHCN). Activities included:

- Developed and facilitated presentations to support the NCECHW-OHP such as:
  - A Review of the Revised Head Start Program Performance Standards Relevant to Oral Health. NOHC in April in Albuquerque
  - Overview of the Dental Hygienist Liaison Project, NCECHW Oral Health Workgroup Meeting, July in Washington, DC
- Coordinated and assisted with DHL presentations at regional, state and national conferences;
- Provided training and technical assistance to the DHLs directly, during an onsite meeting in Chicago at the ADHA central office in August (the meeting was featured in ADHA's year in review newsletter) via the DHL listserv, DHL webpage and webinars (see separate webinar list in the report);
- Provided guidance on Head Start Program Performance Standards related to fluoride supplementation, EPSDT dental periodicity schedules, and dental examinations versus dental screenings to Head Start regional health specialists and health managers, DHLs and other stakeholders;
- Regional DHL coordinators participated in a one-day intensive oral health training for HS grantees attending the Health Care Institute in Albuquerque, NM in April; presentations included: (photo 16)
  - The Oral Health Landscape in Head Start
  - Smiles for Life! Preventive Strategies for Promoting Oral Health for Pregnant Women, Infants, and Children
- Participated in the NCECHW Partner's Meeting in May in Chicago, and the NCECHW Oral Health Workgroup Meeting in Washington, DC in July;
- Michelle Landrum represented the EC in a video produced by the Texas Oral Health Coalition and the Texas Health Institute for a project titled Advancing the Oral Health Movement in Texas
- Several EC members served on Oral Health America's Early Childhood Caries Prevention Project Advisory Committee and presented Head Start content expertise on conference calls and in-person meetings
- Collected, analyzed, summarized and distributed results of the DHL annual survey to use for evaluation and future planning, and DHL quarterly reports that outlined DHL activities in each state
- Contributed articles and/or reviewed monthly issues of the NCECHW's Brush Up on Oral Health, an oral health resource for Head Start staff published monthly by the OHRC.

**School-Age and Adolescence**

The mission of the SAOH Committee is to promote the importance of good oral health practices that improve the oral health of school age children and adolescents through education, networking and collaborative partnerships at local and national levels. The SAOH Committee supports the integration of oral health into school health using the Whole School, Whole Community, Whole Child Model. Selected activities in 2017 included:

- Contributed a list of school oral health resources to the 2017 updated CDC School Health Resource Guide that was posted online in May;
- Co facilitated a pre-conference round table at the ASTDD networking session on the School Community Eligibility Provision (CEP), its use for BSS Data Collection and School Program Participation;
- Participated on a workgroup to prepare the SBHA School Resource Library with a launch in January 2018;
- Member, Kate Schecter, presented at the NOHC round table sessions on the SBHA Project; Lessons Learned: Tales From a School Oral Health Community;
- Member, Terri Chandler, presented at NOHC round table: How to Better Communicate with your School Partners;
- Kathy Geurink attended the pre-conference of the SBHA School Oral Health 2020 Convening and moderated a session, Emerging and Promising Approaches to School Oral Health;
- Committee members reviewed documents on school oral health including the SBHA paper: An Organization Frame Work to Improve Oral Health Access;
- Collaborated with the National Association of Chronic Disease Directors (NACDD) to plan and present a webinar in October, Improving the Oral Health of Children through the WSCC Model; there were more than 100 attendees from ASTDD and NACDD).

In a separate request, Kathy Geurink and Bev Isman reviewed and provided updates to an OHRC online learning module, Special Care: An Oral Health Professional's Guide to Serving Children with Special Health Care Needs.





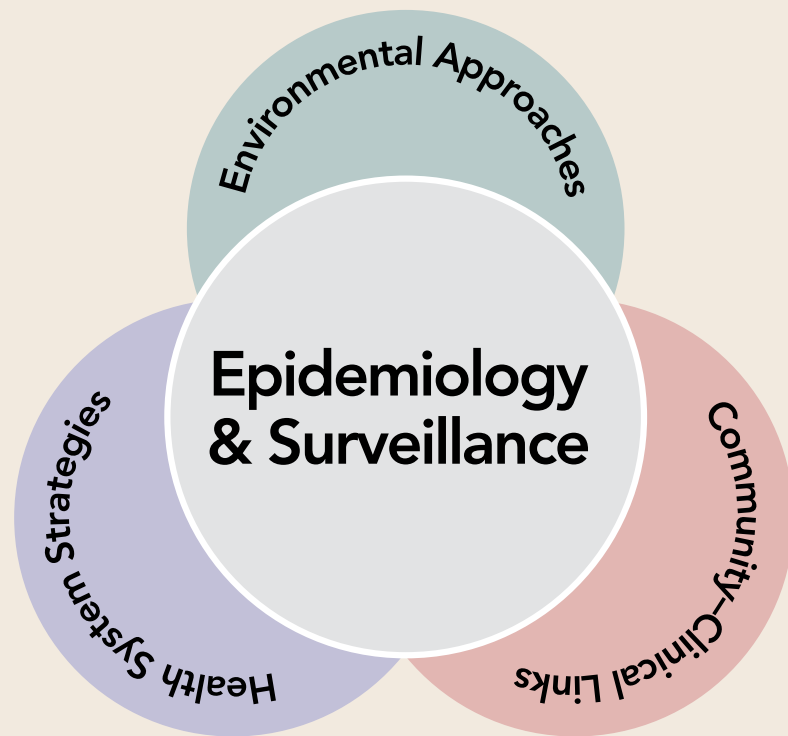
**ASTDD recently added a focus on prevention and management of chronic diseases, working closely with NACDD.**

**Adults**

We contracted with NACDD for portions of Barbara Park's time to convene a Chronic Disease Collaborative Workgroup to 1) provide guidance about member needs related to oral health and chronic disease integration and collaboration opportunities, 2) assist with development and review of tools and resources for ASTDD and NACDD members on the relationship between oral health and chronic diseases, and 3) provide technical assistance to state oral health programs on oral health and chronic diseases. At the same time, the CDC Division of Oral Health awarded six state oral health programs Chronic Disease Integration cooperative agreements for pilot projects focusing on diabetes, heart disease, obesity and tobacco. Part of our ASTDD CDC cooperative agreement gave us the opportunity to provide TA to these states and solicit lessons learned and best practices. Some accomplishments for the year include:

- Developed Chronic Disease Domain Framework one-pager outlining How Oral Health Fits into the Four Chronic Disease Domains;
- Drafted a tip sheet on state chronic disease program and state oral health program collaboration;
- Represented NACDD at the National Oral Health Conference and participated in the ASTDD member roundtables to promote oral health/chronic disease collaboration activities;
- Served as a liaison to NACDD and CDC's Chronic Disease Center/Division of Oral Health and worked with NACDD consultants to link them to ASTDD consultants/committees;
- Provided technical assistance to the six CDC-funded 1609-pilot states;
- Participated on several conference calls with the American Dental Association and NACDD's Associate Director for Partnership Development to discuss opportunities for oral health/chronic disease collaboration at the national dental association level;
- Developed and submitted a poster on ASTDD and NACDD's collaborative partnership that will be presented at the NACDD Showcase in February 2018.

We hope that this will continue to be an emphasis for state oral health programs in the upcoming years as it is an opportunity to integrate oral health into general health issues.

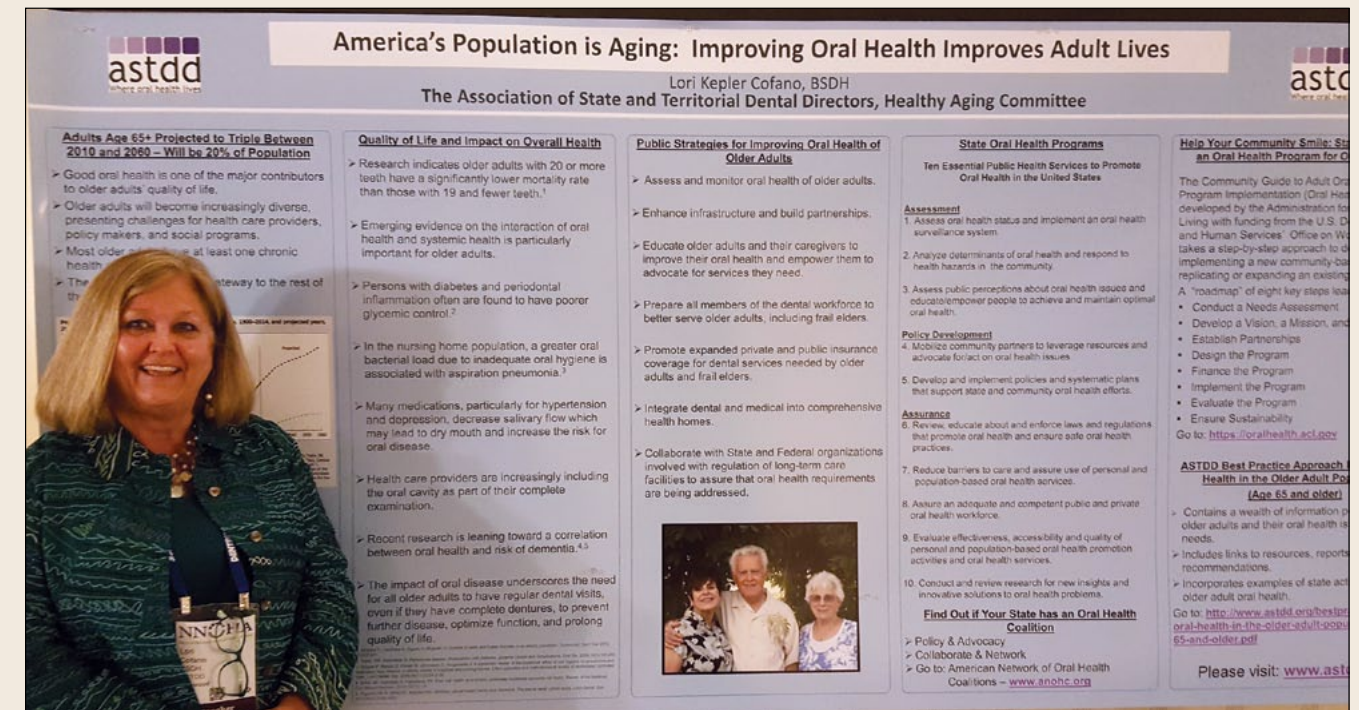


**The Healthy Aging Committee (HAC) is involved with reviewing model programs, policies and resource materials related to healthy aging with the goal of supporting statewide efforts in this area.**

**Healthy Aging**

HAC hosted several webinars this year (see separate webinar list). Other activities included:

- Basic Screening Survey (BSS) Tips for Success posted to webpage to assist with Older Adult screenings; provided Older Adult BSS technical assistance to Montana, Kansas, and West Virginia;
- Other documents that were completed are in the Resource Documents list in this report;
- Anubhuti Shukla, a Dental Public Health resident at Harvard, under Dr. Mary Tavares, is serving as the primary author on a white paper focusing on support for a dental benefit for older adults;
- Some members attended the Geriatric Society of America meeting in Arlington, VA in March
- Reached out to the American Geriatric Society's (AGS) Aging and Oral Health Special Interest Group and shared information;



- Lori Cofano presented the poster: America's Population is Aging: Improving Oral Health Improves Adult Lives at the National Network for Oral Health Access (NNOHA) meeting in November; (photo 17)
- Lori facilitated an older adult oral health panel discussion during Maryland's Older Adult Symposium in June;
- Lori and Kathy Phipps are member of Oral Health America's (OHA) Advisory Committee for the update to A State of Decay, Vol. IV, that will be released at NOHC 2018;
- Lori conducted an Older Adult BSS Standardization session at the Texas Oral Health Metrics Summit and facilitated an older adult panel session;
- A workgroup was formed to collaborate with the American Dental Education Association (ADEA) to create a database of programs that train students to work with the older adult population.



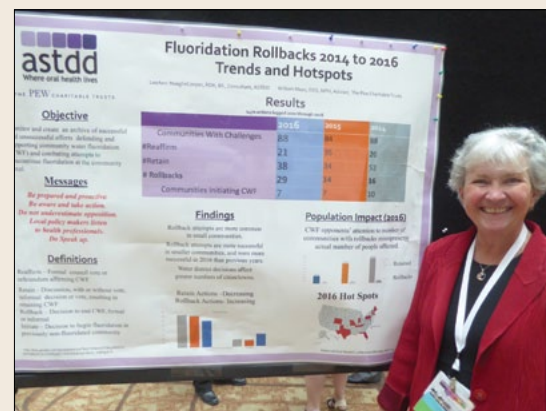
## Strategic Targeting of Activities, Resources and Messaging for Prevention Approaches

Promoting evidence-based prevention programs and strategies is a cornerstone of ASTDD activities and a major priority under our cooperative agreement with CDC. Our role is to provide information and resources to states to translate into understandable messages for the public.

### Fluorides and Fluoridation

The Fluorides Committee assures that ASTDD positions and policies are presented in all appropriate venues and oversees all activities that the association may be involved in regarding fluorides, especially providing research and programmatic information on community water fluoridation and other types of fluoride to use in community-based settings. CDC recognizes community water fluoridation as one of the 10 Great Public Health Achievements in the 20th Century, so ASTDD devotes significant resources to disseminating the science and countering the misinformation on its health effects. LeeAnn Hoaglin-Cooper, our Fluorides consultant, tracks community water fluoridation challenges in a spreadsheet, the Rollback Catalog. The Catalog now contains 986 entries since 2002 and 377 just this year. As noted in the Awards section, the Fluorides Committee also presents a variety of fluoridation awards each year in collaboration with CDC and the ADA. Significant committee accomplishments this year included:

- A report of the results of a survey of fluoride varnish programs in schools and a catalog of such programs (see the new resources section);
- Silver Diamine Fluoride Fact Sheet (see the new resources section);
- Webinar for Oral Health America on Use of ASTDD Fluorides Committee Resources; (webinars for ASTDD members are listed in another section);
- Feedback to CDC Division of Oral Health on the new operational range for water systems adjusting fluoride levels in drinking water;
- NOHC Roundtable, *School-based Fluoride Varnish Programs Catalog and Report*;
- NOHC Poster, *Community Water Fluoridation Rollback Database*
- NOHC roundtable, *Fluoride Programs in Schools, The More the Merrier?*



### Dental Sealants

Sandy Tesch has joined our consultants as the Sealant Coordinator to provide technical assistance to states with requests regarding sealants and to serve on the SAOHC. She worked with the Best Practices Committee, the Dental Public Health Resources Committee and the SAOHC to update documents listed in the New Resources section of this report and to present a webinar listed in another section. She also updated and added new resources on the ASTDD Sealant Resources webpage and the SAOH webpage. Sandy promoted and provided tools, resources, and technical assistance to dozens of listserv inquiries regarding sealant programs.

### Tobacco and Oral Cancer

Chris Veschusio serves as the ASTDD tobacco and oral cancer consultant. She represents ASTDD on the ASTHO Tobacco Issues Forum's bi-monthly Conference Calls and shares information from the calls. Examples include:

- Taking Down Tobacco Training Program developed by the Youth Advocacy for Tobacco-Free-Kids;
- Truth Initiative, a Social Justice campaign focused on tobacco marketing of our youth, minorities, the mentally ill and the poor;
- The Geographic Health Equity Alliance, a national network funded by the CDC's Office of Smoking and Health and the Division of Cancer Prevention and Control;
- ASTHO infographic on tobacco-related disparities.

Chris reviewed the outdated Oral Cancer and Tobacco and Other Risk Factors ASTDD webpage and developed two new separate webpages with many new resources: 1) Smoking and Tobacco Use and 2) Oral Cancer Information and Resources. With the rise in HPV related oral cancers, ASTDD will continue to keep states abreast of the current research and share resources to help them promote the HPV vaccine in collaboration with other health department programs.

## Increasing Knowledge and Skills to Unlock the Doors

### 2017 National Oral Health Conference

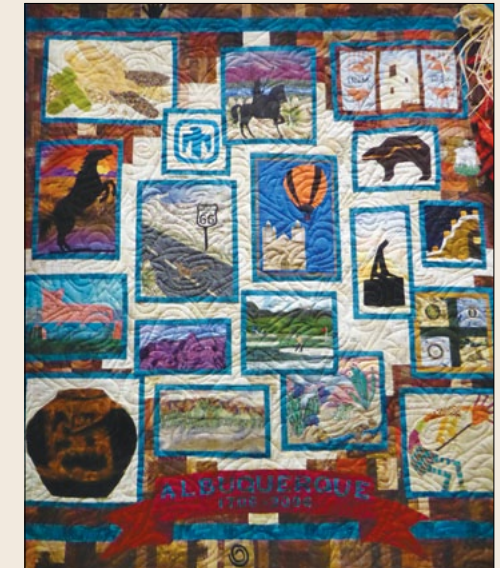
ASTDD provides many different avenues to increase members' knowledge and skills, including conducting the annual National Oral Health Conference (NOHC) and topical webinars. The 2017 NOHC was the 18th year of the ASTDD/AAPHD collaboration to plan, implement and evaluate the NOHC, which has grown to almost 900 attendees. Held in Albuquerque, NM on April 24-26 with pre-conference sessions on April 22-23, attendees could earn two types of CDE credit: ADA (American Dental Association) and AGD (Academy of General Dentistry) credits for a maximum of 21.5 contact hours, with additional hours granted for some of the pre-conference sessions. Attendees could also network with 34 commercial or nonprofit exhibitors. As noted earlier, ASTDD also sponsored an exhibit booth, staffed by 18 volunteer members.

The main conference featured a keynote speaker and three plenary sessions, including the ASTDD sponsored session, A Snapshot of Street and Prescription Drug Abuse, presented by Dr. Harold Crossley. Of the 24 concurrent sessions, ASTDD sponsored or moderated two: The VIEW on School-Based Oral Health: The Whole School, Whole Community, Whole Child Model, and The End of Big: Adapting Health Communications to a Rapidly Changing, Decentralized Online Environment. ASTDD also planned and coordinated the Tuesday National Organization Roundtable Luncheon of 22 tables, including one featuring ASTDD, and the Monday Topical Roundtable Luncheon of 53 tables. Topics of roundtables highlighting ASTDD committee activities are mentioned elsewhere in this report.

ASTDD uses the weekend prior to the main conference to offer more intensive workshops and networking opportunities around specific topics. BOD leadership training this year focused on Adaptive Leadership and Cross Functional Leadership, facilitated by SkillPath faculty. Emory University faculty Linelle Blais and Celia Shore facilitated two well-attended workshops, Dynamic Group Facilitation and Project Management. Megan Clare Craig-Kuhn from MN, Jill Moore from MI, Rhonda Stephens from NC and Lori Cofano, ASTDD Healthy Aging consultant, facilitated a workshop, Conducting a Successful Older Adult Survey (BSS). Bev Isman, ASTDD cooperative agreement manager, also served as a presenter at the AACDP workshop, Essentials of Successful Grantsmanship – A Panel of Grant Funders and Writers.

During Sunday's ASTDD Annual Membership Meeting, members and consultants facilitated discussion at the following Networking Tables:)

- Use of ASTDD Resources
- Silver Diamine Fluoride
- Quality Improvement and State Oral Health Programs
- Using the Community Eligibility Provision (CEP) for BSS and School-based Prevention Program Planning
- Demonstrating the "Value Add" of Oral Health by Supporting Population-Based Chronic Disease Priorities in States and Communities
- HI-5! Moving Toward High-impact Strategies for Improving Population Health;
- ASTDD Best Practice Resources
- Children's Dental Health Project National Sealant Workgroup Recommendations
- MCH National Performance Measure 13.



**Webinars**

The following list includes the dates, titles, sponsor/partner and attendance at ASTDD webinars.

- 1/13/2017 Silver Diamine Fluoride, ASTDD Fluorides Committee, 79
- 1/17/2017 State Synopsis Overview, ASTDD Data Committee, 34
- 1/18/2017 Medicare & OH Coverage for Older Adults and People with Disabilities, NASUAD, 47
- 1/25/2017 ASTDD Best Practices Project: We Want You! Best Practices Committee, 51
- 1/31/2017 MCHB National Performance Measure 13, NPM 13 Community of Learning Webinar, ASTDD/NOHRC, 38
- 2/17/2017 Partnering with Child Care to Improve Oral Health for Children in Early Care and Education Programs, DHL webinar, NCECHW, 16
- 3/15/2017 Give You and Your Baby A Lifetime of Healthy Teeth – A look at the new perinatal oral health educational module available through wichealth.org, NPM 13 Community of Learning Webinar, ASTDD/NOHRC, 44
- 3/22/2017 Data Sources: Where to Uncover Oral Health Information for Older Adults, ASTDD Healthy Aging Committee, 50
- 4/12/2017 Adopting Performance Management Strategies to Improve Oral Health in Your State, NPM 13 Community of Learning Webinar, ASTDD Perinatal Oral Health Committee/NOHRC, 56
- 5/18/2017 Turning Data into Action: The Importance of Data Dissemination, ASTDD Data and Communications Committees, 53
- 6/1/2017 Developing and Using State Oral Health Data Reports, ASTDD Data and Communications Committees, 52
- 6/9/2017 Strengthening Title V Evidence-Based or –Informed Strategy Measures, NPM 13 Community of Learning Webinar, ASTDD/NOHRC, 40
- 6/15/2017 Using the CDC Oral Health Data Portal to Visually Depict Oral Health Data, ASTDD Data and Communications Committees/CDC, 31
- 6/29/2017 Infographics – A Practical Tool for Data Dissemination, ASTDD Data and Communications Committees/AMCHP, 55
- 7/27/2017 Web-Based Oral Health Data Systems – State Examples, ASTDD Data and Communications Committees, 34
- 7/28/2017 Strategies to Increase the Impact of State Dental Hygienist Liaisons, DHL webinar NCECHW, 21
- 8/3/2017 Oral Health Infographics – State Examples, ASTDD Data and Communications Committees, 43
- 8/10/2017 Using Coalitions and Partners to Spread the Message, ASTDD Data and Communications Committees, 46
- 8/23/2017 New Member Services/Leadership, ASTDD State Development and Enhancement Committee, 27
- 9/27/2017 Emergency Department Data Collection Toolkit, ASTDD Data Committee, 53
- 10/12/2017 Updated Child Basic Screening Survey (BSS), ASTDD Data Committee, 61
- 11/17/2017 Success Stories for School Sealant Programs, ASTDD School and Adolescent Oral Health Committee, 30
- 12/8/2017 Brush, Book, Bed Initiative, DHL Webinar, NCECHW/AAP, 18



**Technical Assistance to States**

ASTDD Data consultants provide more than 400 hours of technical assistance to states for development and implementation of oral health surveys using the Basic Screening Survey protocol and consultation on developing oral health surveillance plans that meet Council for State and Territorial Epidemiologists (CSTE) criteria. Many other committees, consultants and the ED respond to requests and questions from states covering a broad range of topics. This year the CDC asked our Evaluation consultants to review states’ evaluation plans and reports and provide TA to about five states.

# The Importance of Partnerships

ASTDD helps to advance the message that oral health is an integral part of overall health by collaborating with a broad array of federal and national organizations. The ASTDD website has an extensive list of national organizations with links to their websites. In addition to collaborations mentioned in other sections, we signed onto or wrote 22 letters of support, advocacy or comments. The DPHRC collaborates with AAPHD to review American Dental Association resolutions of interest/concern to dental public health at the ADA’s Annual Session in October. Many resolutions were monitored, although letters and/or testimony were submitted for only a few this year. Conan Davis represented ASTDD at the meeting.

ASTDD representatives continue to serve on the ASTHO Affiliate Council, Access Policy Committee, Prevention Policy Committee and the Tobacco Issues Forum. ASTDD members participate in many ways in the DentaQuest Foundation’s Oral Health 2020 Network, with BOD members involved in the Communication Workgroup, Branding Workgroup, Stewardship and Learning Workgroup and the Data and Measurement Workgroup. Several state dental directors and numerous associate members also serve on the National and Regional Oral Health Connection teams.

ASTDD send representatives to the following 26 partner meetings this year with summaries of trip reports shared in each issue of the Oral Health Matters newsletter.

- National Roundtable for Dental Collaboration, Chicago, IL, 1/6-7/17
- Michigan Older Adult Screening and Fluoride Varnish Project, Lansing, MI, 1/11-13/17
- Dental Public Health Informatics: Opportunities in a Changing Environment, San Antonio, TX, 1/19-20/17
- Oral Health 2020 National Oral Health Connection Team, Nashville, TN, 2/8-9/17
- Perinatal Infant Oral Health Quality Initiative (PIOHQI) Leadership Team, Oakland, CA, 2/22/17
- The Gerontological Society of America, Developing an Interprofessional Roadmap to Improving Oral Health in Older Adults, Alexandria, VA, 3/1-2/17
- Perinatal Infant Oral Health Quality Initiative (PIOHQI) Grantees Meeting, Washington, DC, 4/4-6/17
- National Center for Early Childhood Health and Wellness, Health Institute, Albuquerque, NM, 4/12/17
- Community of Practice for Public Health Improvement, Open Forum for Quality Improvement in Public Health, New Orleans, LA, 4/19-21/17
- Campaign for Dental Health, Healthy Communities: Building Engagement for Community Oral Health, Chicago, IL, 5/8-9/17
- Dental Quality Alliance Conference, Collaboration in Quality Measurement for Improved Oral Health, Chicago, IL, 5/12-13/17
- Oral Health America: A State of Decay, Vol IV, Advisory Committee, Chicago, IL, 6/14/17
- School Based Health Alliance, Healthy People 2020 School Oral Health Convening 2017, Long Beach, CA, 6/18/17
- Children’s Dental Health Project, National Oral Health Measurement Meeting, Washington, DC, 7/31/17
- National Center for Early Childhood Health and Wellness, Oral Health Workgroup, Washington, DC, 7/25/17
- National Center for Early Childhood Health and Wellness, Regional Dental Hygienist Liaison Coordinators, Chicago, IL, 8/11/17
- Association of State and Territorial Health Officials, Annual /Access Policy Council/Affiliate Council meetings, Washington, DC, 09/19/17
- American Indian/Alaska Native Oral Health Disparities Strategic Planning Meeting, Washington, DC, 8/15-16/17
- Oral Health America, Older Adult Symposium, Chicago, IL, 9/19-20/17
- Oral Health America, Advocacy Day, Washington, DC, 10/4/17
- National Association of Chronic Disease Directors, Chronic Disease Academy, St Louis, MO, 9/12-14/17
- American Dental Association, Annual Meeting, Atlanta, GA 10/19-22/17
- Oral Health 2020 Convening, Atlanta, GA, 10/24-27/17
- Division of Oral Health, Centers for Disease Control and Prevention, Cooperative Agreement Site Visit, Atlanta, GA, 11/2-3/17
- American Public Health Association, Annual Session, Atlanta, GA, 11/5-7/17
- National Network for Oral Health Access, Annual Conference, San Diego, CA, 11/12-15/17



**Aging and Older Adult Partnerships**

The ASTDD Health Aging Committee has been very successful in reaching out to representatives from several organizations to serve on the HAC, make presentations, engage in joint advocacy or special projects. Examples include the Geriatric Society of America; Oral Health America; Michigan Coalition for Oral Health for the Aging; Appletree Dental; National Association of State Units on Aging and Disability; and the Administration for Community Living. The committee also has representatives from dental schools, a VA medical center, and dental practices.



**State Oral Health Leadership Institute**

ASTDD is collaborating with the Center for Health Care Strategies around this project. The goal of the SOHLI is to cultivate the leadership skills, policy knowledge, program-improvement acumen, and collaborative culture of state Medicaid dental directors and state oral health program directors. Participating state pairs receive coaching and technical assistance to: 1) forge inter-agency/department understanding of respective programs as a basis for collaboration; and 2) develop a joint transformational project in pursuit of a statewide oral health goal. The initiative aims to advance dental benefits and translate coverage into access to community-based services for children and adults.

Five teams, from four states and the District of Columbia, were competitively selected for the first cohort of SOHLI Fellows, which kicked off in January 2017 and concluded in December 2017:

Missouri	<b>John Dane, DDS, FAAHD, DABSCD</b> State Dental Director, Missouri Department of Health and Senior Services	<b>Timothy Kling, MD, FACOG</b> Associate Medical Director, Missouri Department of Social Services
North Carolina	<b>Mark W. Casey, DDS, MPH</b> Dental Director, Department of Health and Human Services	<b>Sarah Tomlinson, DDS</b> Dental Director and Chief, Department of Health and Human Services
North Dakota	<b>Jodi Hulm</b> Administrator, Health Tracks and Healthy Steps, Department of Human Services	<b>Kimberlie Yineman</b> Oral Health Program Director, Department of Health
Oregon	<b>Bruce W. Austin, DMD</b> Statewide Dental Director, Oregon Health Authority	<b>Kellie M. Skenandore</b> Dental Program Manager, Operations and Policy Analyst-Medicaid Managed Care, Oregon Health Authority
Washington D.C.	<b>Pierre M. Cartier, DMD, MPH</b> Program Manager, DC Dept. of Health, Oral Health Program (Jan.–Jun. 2017)	<b>Antonio Lacey, DDS</b> Program Analyst, District of Columbia Department of Health Care Finance
	<b>Lauren Ratner, MPH, MSW</b> Health Care Access Bureau Chief, Community Health Administration, DC Dept. of Health (Jul.–Dec. 2017)	

The second cohort of teams for 2018 includes representatives from Louisiana, Minnesota, Nevada, and Rhode Island.

**University of Iowa College of Dentistry and Public Policy Center Project**

Since 2016 ASTDD has been partnering with faculty researchers on a CDC funded project through the IA Prevention Research Center to conduct an environmental scan to identify promising practices for medical and dental integration in public health settings and activities and to identify opportunities to include oral health in the ongoing climate of oral health care reform. ASTDD 1) shared resources on chronic disease and oral health and results of former surveys to inform the scan; 2) provided input into surveys of state oral health programs, state chronic disease programs and local community-based programs, e.g., community health centers; and 3) reviewed and provided suggestions for draft chapters of the report and a communication plan for disseminating the results.

## How to Keep the Doors Open

To maintain our capacity to produce resource documents and assist state oral health programs, ASTDD as an organization needs to be vigilant about sustaining our own infrastructure. State oral health programs will also need to find creative ways to sustain their programs. 2018 will see a flurry of grant writing by ASTDD, state oral health programs, and national partners as the political and economic climates for public health programs are relatively unstable and unpredictable and federal leadership seems to be in a revolving door. Technology changes and varying styles across age cohorts influence professional development offerings and formats. To keep up with these changes, we look forward to brainstorming sessions with national, state and local groups to make sure the National Oral Health Conference stays relevant and exciting and that we invite more diverse groups into our “oral health home.” Keeping the doors to oral health open requires everyone working together toward the same goals.

See you all next year!







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